

*Guidelines for Starting*  
**SUMMARY ADMINISTRATION**  
[N.C.G.S. 28A-28-1]  
**Summary Administration-TESTATE**

**This Packet Contains the following forms:**

- **Application for Probate and Petition for Summary Administration (AOC-E-905)**
- **Order of Summary Administration (AOC-E-904)**                      ➤ **Estate Tax Certification (AOC-E-212)**
- **Family History Affidavit**

➤ NOTE: Additional forms may be required to begin the qualification process and will be determined based upon the circumstances.

**READ FORMS CAREFULLY AS THEY CONTAIN INSTRUCTIONS AND INFORMATION NECESSARY IN THIS PROCESS.**

**ONLINE RESOURCES**

- General Information about the [Estate Administration Process](#)
- Estates Division YouTube [Video Tutorials](#)
- NC Courts [Guide & File](#) Service
- View Estates Division WebEx [Virtual Appointment Availability](#)  
([Click here](#) to submit an appointment request)

**Summary Administration is available for the following situations when...**

- There is *full understanding* of all debts and monetary obligations associated with the estate
- The spouse must be the sole beneficiary/devisee under the will and *not* a Trust or other beneficiary
- Decedent's Will does not prohibit Summary Administration
- *CAUTION:* To the extent property is received, the surviving spouse assumes all debts and liabilities of the deceased spouse

**⊛ STEPS FOR PROCESSING...**

1. Discuss the obligations for the spouse regarding any debts/claims of the estate with your attorney
2. Fill out the Application for Probate & Petition for Summary Administration [AOC-E-905]
3. Order of Summary Administration – *Prepared by the Clerk's Office* [AOC-E-904M]
4. All assets listed in Part II require signature cards as proof of the listing
5. Qualification Fee: \$120 (Acceptable forms of payment: Certified check or money order payable to “**Clerk of Superior Court**”)
6. Closing Fee: Based upon the gross property in the estate listed in Part I (.004 x Part I gross assets - Example: .004 x \$10,000 = \$40 Filing fee) or a \$15 minimum fee if the gross value is under \$3,750
7. Completion of the Estate Tax Certification form [AOC-E-212]
8. Original Will
9. Death Certificate

**EXPLANATION OF TERMS:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>Decedent:</b> Individual who passed away</li><li>• <b>Petitioner:</b> Surviving Spouse of decedent</li><li>• <b>Intestate:</b> The decedent died without leaving a Will.</li><li>• <b>Testate:</b> The decedent died leaving a Last Will &amp; Testament.</li><li>• <b>Qualification:</b> The possession by an individual of the qualities, properties, or circumstances which render him/her eligible to perform a duty or function.</li></ul> | <ul style="list-style-type: none"><li>• <b>Estate Tax Certification:</b> Documentation as to whether or not estate or inheritance taxes are due.</li><li>• <b>Devisee:</b> A person who receives a gift of property by a Will</li><li>• <b>Beneficiary:</b> Any person or entity (like a charity) who is to receive assets or profits from an estate, a trust, an insurance policy or any instrument in which there is distribution.</li></ul> |
|--|--|

**Completed filings may be dropped off during normal business hours at:**

Mecklenburg County Courthouse, 832 E. 4<sup>th</sup> Street, Charlotte NC 28202

**You may also mail completed filings to:**

Clerk of Superior Court, Estates Division, PO Box 37971, Charlotte NC 28237

Estates Phone Number: 704-686-0460    Estates E-Mail: [mecklenburg.estates@nccourts.org](mailto:mecklenburg.estates@nccourts.org)

# STATE OF NORTH CAROLINA

File No.

\_\_\_\_\_ County

**NOTE TO APPLICANTS:** *The decision to apply for summary administration rather than regular administration may have significant legal ramifications. Applicants are advised to seek legal counsel.*

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

**IN THE MATTER OF THE ESTATE OF:**

**APPLICATION FOR PROBATE AND  
PETITION FOR  
SUMMARY ADMINISTRATION  
 AND ADDENDUM (AOC-E-309)**

G.S. Ch. 28A, Art. 28

Name And Address Of Decedent

Social Security No. (last four digits)

County Of Domicile At Time Of Death

Date Of Death

Date Of Will And Codicil(s), If Any

Place Of Death (if different from County Of Domicile)

Date Of Marriage

Place Of Marriage (if different from County Of Domicile)

Name And Mailing Address Of Applicant

Name And Address Of Executor Or Coexecutor Of Will (if different from Applicant)

Telephone No.

Telephone No.

Legal Residence (County, State)

File No.

Name And Address Of Attorney

Telephone No.

I, the undersigned, apply for probate of the paper writing(s) purporting to be the decedent's Last Will and Testament and codicil(s), dated as shown above. **(NOTE: Check one of the following:)**

- The original will  and codicil(s) is already on file in the office of the Clerk of Superior Court.
- The original will  and codicil(s) is attached.
- A certified copy of the will  and codicil(s) is attached.

Upon admission of the will to probate, and upon the recording of a certified copy of said will in each county in which is located any real estate or portion of real estate wholly or partially owned by the decedent, which recording I do hereby certify, I further petition the Court for an Order Of Summary Administration of the above estate.

In support of this Application and Petition, being first duly sworn or affirmed, I say that:

1. The decedent was domiciled in this county at the time of the decedent's death.
2. I am the surviving spouse of the decedent, and I am the sole devisee and sole heir of the decedent. There is no other devisee or heir under the will.
3. The will does not prohibit summary administration. All property passing under the will, if any, goes directly to me and is not in trust. No application or petition for appointment of a personal representative is pending or has been granted in this state.
4. The decedent  did  did not own an interest in real estate, wholly or partially, at the time of the decedent's death. A complete legal description, sufficient to specifically identify each tract of such real property, is attached.
5. The decedent  did  did not own an interest in personal property at the time of the decedent's death. A complete description of the nature of decedent's personal property, the location and probable value of said property, to the extent that these facts are known or can with reasonable diligence be ascertained, is on the reverse. **(NOTE: See the instructions in form AOC-E-201 Instructions.)**
6. **To the extent of the property received by me under the will of the decedent, I assume all liabilities of the decedent that were not discharged by reason of death, and I assume liability for all taxes and valid claims against the decedent or the estate, as provided in G.S. 28A-28-6.**
7. A copy of this Petition has been personally delivered or sent by first class mail by me to the last known address, as listed above, of any executor or coexecutor named by the will, other than me.

**NOTE TO CLERK:** *This Application and Petition requires a three step process. First, the admission of the will to probate; second, the issuance of certified copies of the probated will, which the applicant must then file in each county in which any portion of the real estate is located; and third, processing the Petition For Summary Administration. For the convenience of the parties, the application and petition are collapsed onto one form.*

(Over)

## INVENTORY

(Give values and descriptions as of date of decedent's death. Continue on separate attachment if necessary.)

PART I. PROPERTY OF THE ESTATE		Market Value
1. Accounts in sole name of decedent (List bank, etc., each account no., and balance.)		\$
_____		
_____		
2. Joint accounts <b>without</b> right of survivorship (List bank, etc., each account no., balance, and joint owners.)		
_____	% Owned By Decedent	
_____	% Owned By Decedent	
_____	% Owned By Decedent	
_____	% Owned By Decedent	
3. Stocks/bonds/securities in sole name of decedent or jointly owned <b>without</b> right of survivorship	% Owned By Decedent	
4. Cash and undeposited checks on hand		
5. Household furnishings		
6. Farm products, livestock, equipment, and tools		
7. Vehicles		
8. Interests in partnership or sole proprietor businesses		
9. Insurance, Retirement Plans, IRAs, annuities, etc., payable to Estate		
10. Notes, judgments, and other debts due decedent		
11. Miscellaneous personal property		
12. Real estate willed to the Estate	\$	
13. Estimated annual income of Estate		
<b>TOTAL PART I.</b>		\$

PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS	
1. Joint accounts with right of survivorship (List bank, etc., each account no., balance, and joint owners.)	
_____	\$
_____	
_____	
2. Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or jointly owned with right of survivorship	
3. Other personal property recoverable (G.S. 28A-15-10)	
4. Real estate owned by decedent and not listed elsewhere	
<b>TOTAL PART II.</b>	

PART III. OTHER PROPERTY	
1. There <input type="checkbox"/> is <input type="checkbox"/> is not entireties real estate owned by decedent and spouse.	
2. There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance, Retirement Plans, IRAs, annuities, etc., payable to named beneficiaries.	

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	Name Of Applicant (type or print)	
<input type="checkbox"/> Notary	Date Commission Expires	
<b>SEAL</b>	County Where Notarized	

**STATE OF NORTH CAROLINA**

File No.

Film No.

\_\_\_\_\_ County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk**IN THE MATTER OF THE ESTATE OF:**

Name Of Decedent

Name And Mailing Address Of Petitioner/Spouse

Legal Residence (County, State)

Name And Address Of Attorney, If Any

**ORDER  
OF  
SUMMARY ADMINISTRATION**

G.S. 28A-28-1 et. seq.

Telephone No.

County Will Admitted To Probate

File No.

Telephone No.

The Court, in the exercise of its jurisdiction over the probate of wills and the administration of estates, finds that the Petition For Order Of Summary Administration, and supporting evidence, if any, comply with the requirements of G.S. 28A-28-2, and that the above named petitioner/spouse is entitled to summary administration.

Based upon these findings, the Court orders that the estate listed above be administered in accordance with Article 28 of Chapter 28A of the General Statutes of North Carolina, that no further or other administration of the estate is necessary, that the above named petitioner/spouse is fully authorized by the laws of North Carolina to receive, administer, and dispose of all of the assets belonging to the estate, including but not limited to wages and salary of the decedent, accounts and deposits in financial institutions, ownership rights in stocks and securities, the title and license to any motor vehicle registered to the decedent, and the right to convey, lease, sell or mortgage any real estate devised to or inherited by the petitioner from the decedent, and that the above named petitioner/spouse, to the extent of the value of the property received by the petitioner/spouse under the will of the decedent or by intestate succession, assumes all liabilities of the decedent that were not discharged by reason of death, and assumes liability for all taxes and valid claims against decedent or against the estate.

The Court notes that under G.S. 28A-28-5, the person paying, delivering, transferring or issuing property or evidence thereof pursuant to this Order is discharged and released to the same extent as if the person dealt with a duly qualified personal representative of the decedent's estate. If any person to whom the order is presented refuses to pay, deliver, transfer, or issue any property or evidence thereof, the property may be recovered in an action brought for that purpose by the petitioner/spouse, and the court costs and attorney's fees incident to the action shall be taxed against the person whose refusal made the action necessary.

Date

Name Of Presiding Official (Type Or Print)

**EX OFFICIO JUDGE OF PROBATE**

Signature Of Presiding Official

 Assistant CSC Clerk Of Superior Court**SEAL****CERTIFICATION**

I certify that this is a true and complete copy of the original Order Of Summary Administration on file in this office.

Date

Signature

 Deputy CSC Assistant CSC Clerk Of Superior Court

**STATE OF NORTH CAROLINA**

File No. 

Mecklenburg County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

**IN THE MATTER OF THE ESTATE OF:**

Name Of Decedent

Name, Street Address, PO Box, City, State and Zip Code of Affiant

Telephone No.

Legal Residence (County, State)

**FAMILY HISTORY AFFIDAVIT**

**INTERROGATORIES ABOUT DECEDENT AND FAMILY**

Relationship

1. Marital Status:  Married  Widowed  Divorced  Never Married

a. If Married/Widowed/Divorced:

Name of Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Divorce (or death): \_\_\_\_\_

b. Names and Addresses of children born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

c. Is there an unborn child?  Yes  No

2. Did any of the children listed above die prior to the date the decedent died?  Yes  No

a. If yes:

Name of pre-deceased child: \_\_\_\_\_

Did the pre-deceased child have children?  Yes  No

If yes, names of children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the decedent been married more than once?  Yes  No

a. If yes, name of prior spouse: \_\_\_\_\_

(Over)

b. Names and Addresses of Children Born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____

4. Did the decedent have any children that were born outside of marriage?  Yes  No

a. If yes, list names and addresses:

Name	Address
_____	_____
_____	_____
_____	_____

5. Did the decedent leave:

- a. An adopted child?  Yes  No  
b. A child that has been adjudged mentally incompetent?  Yes  No

6. Are the parents of the decedent living?  Yes  No If yes, list names below.

- a. Mother: \_\_\_\_\_  
b. Father: \_\_\_\_\_

7. How many brother and sisters did the decedent have? \_\_\_\_\_

Name	Address (if known)
_____	_____
_____	_____
_____	_____

8. Did any of the siblings listed above die prior to the date the decedent died?  Yes  No

a. If yes:

Name of pre-deceased sibling(s): \_\_\_\_\_  
\_\_\_\_\_

Did the pre-deceased sibling(s) have children?  Yes  No

If yes, names of children: \_\_\_\_\_  
\_\_\_\_\_

<i>Signature of Affiant</i>		<i>Date</i>
<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		
<i>Date</i>	<i>Signature</i>	
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk of Superior Court
<input type="checkbox"/> Notary	<i>Date Commission Expires</i>	
<b>SEAL</b>	<i>County Where Notarized</i>	

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
Before The Clerk

**IN THE MATTER OF THE ESTATE OF**

Name Of Decedent

Date Of Death

**ESTATE TAX CERTIFICATION**  
**(FOR DECEDENTS DYING ON OR AFTER**  
**JANUARY 1, 1999, BUT PRIOR TO JANUARY 1, 2013)**

G.S. 28A-21-2, 28A-25-3

**NOTE: Use this form for a decedent who died on or after 1/1/1999, but prior to 1/1/2013. For a decedent who died before 1/1/1999, use AOC-E-207. An estate tax certification under G.S. 28A-21-2(a1) is not required for a decedent who died on or after 1/1/2013.**

I, the personal representative/fiduciary/spouse in the above estate, certify that:

- 1.  a. The decedent died on or after 1/1/1999, but prior to 1/1/2010, and the gross value of the estate at the time of the decedent's death was less than:
  - \$650,000 (If decedent died on or after 1/1/1999).
  - \$1,500,000 (If decedent died on or after 1/1/2004).
  - \$675,000 (If decedent died on or after 1/1/2000).
  - \$2,000,000 (If decedent died on or after 1/1/2006).
  - \$1,000,000 (If decedent died on or after 1/1/2002).
  - \$3,500,000 (If decedent died on or after 1/1/2009).
- b. The decedent died on or after 1/1/2010, but prior to 1/1/2013, and there is no federal estate tax due or payable.

2. I am the surviving spouse and sole heir of the decedent.

3. The following is a listing of the amount and value of all the decedent's property, including real property located outside North Carolina, at the time of the decedent's death. (Real estate owned by husband and wife as tenants by the entirety should be included at one-half the fair market value. Bank or savings and loan accounts and other securities owned jointly by husband and wife with right of survivorship should be included at one-half fair market value.)

**PERSONAL PROPERTY**

	Value
<i>(Include full value of joint ownership deposit accounts and securities except between husband and wife - there, include one-half.)</i>	
Cash, Securities, Savings	\$
Other Personal Property	
Life Insurance	

**REAL PROPERTY**

	Value
<i>(If real estate was owned by husband and wife as tenants by the entirety, include one-half value and so indicate.)</i>	
Description And Location	\$

**TRANSFERS**

<i>(Total Value Of Transfers from Side Two)</i>	\$
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**TOTAL VALUE OF PERSONAL PROPERTY, REAL PROPERTY, AND TRANSFERS**

\$

Original - File Copy - Taxpayer  
(Over)

Use the space below to explain any transfers over which the decedent retained any interest (such as a life estate), as well as any transfers of property within three years of death without adequate valuable consideration. (List name of donee, date of transfer, description of property, and value as of date of death.)

Value

	\$
<b>TOTAL VALUE OF TRANSFERS</b>	<b>\$</b>

Date	Signature	Date	Signature
Title Of Personal Representative/Fiduciary/Spouse		Title Of Personal Representative/Fiduciary/Spouse	
Address Of Personal Representative/Fiduciary/Spouse		Address Of Personal Representative/Fiduciary/Spouse	
<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>	
Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date Commission Expires	Date Commission Expires	<input type="checkbox"/> Notary
<b>SEAL</b>	County Where Notarized	County Where Notarized	<b>SEAL</b>

**NOTE TO PERSONAL REPRESENTATIVE/FIDUCIARY/SPOUSE AND CLERK:**

The final accounting of an estate of a decedent who died before January 1, 2013 should not be approved unless the personal representative files with the Clerk of Superior Court an Estate Tax Certification, (AOC-E-212 or AOC-E-207) or a certificate issued by the Secretary of Revenue stating the estate tax liability has been satisfied.